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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	<b>Docket Number (Optional)</b> 0040-0158P81
<b>Application Number</b> 10/552,314-Conf. #1865	<b>Filed</b> September 5, 2006
<b>For STABILISING FORMULATION FOR IMMUNOGLOBULIN G COMPOSITIONS IN LIQUID FORM AND IN LYOPHILISED FORM</b>	
<b>Art Unit</b> 1644	<b>Examiner</b> Y. Kim
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>Fee</b> <b>Small Entity Fee</b>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$130      \$65      \$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$490      \$245      \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1110      \$555      \$ 1,110.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$1730      \$885      \$ _____
<input type="checkbox"/>	\$2350      \$1175      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .	
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>	
I am the <input type="checkbox"/> applicant/inventor.	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>30,330</u>	
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.	
Registration number if acting under 37 CFR 1.34 _____	
 _____ <b>Signature</b>	October 14, 2010 _____ <b>Date</b>
_____ <b>Leonard R. Svensson</b> Typed or printed name	_____ <b>(858) 792-8855</b> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> Total of <u>1</u> forms are submitted.	